The Medical Missionary

In hoc signo, vinces!

Vol. XIII APRIL, 1939 No. 4

THE MEDICAL MISSIONARY

WASHINGTON, D. C.

Published monthly except July and August by The Society of Catholic Medical Missionaries, Inc., Brookland, Washington, D. C., in the interest of Medical Missions and Women of the Orient.

English address: Medical Mission House, 98 Thornbury Road, Osterley, Middlesex, England.

Subscription: $1 per year, $5 for six years. European, $1 per year.

Entered as second class matter September 11, 1928, at the post office of Washington, D. C., under the Act of March 3, 1879.

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New Horizons

A Mission in Patna, India

"Slow but sure," was the motto we were forced to adopt regarding the long-promised Patna Mission. We would have preferred to make it "quick and sure," but . . . there was only one but—we had no Sisters to send!

Already in 1926, the Rev. Father J. A. Creane, S.J., laid the foundation stone of "our-work-to-be" in the Patna diocese when he visited us on his way to India, full of enthusiasm. Years of hard labor among the Santals and Untouchables have but increased his love and zeal for the Patna Mission.

"We thank God," he says, "for the good news that your Sisters are expected here this year!"

The promise to open a mission in Patna was made years ago, but the actual decision to begin work in this diocese in 1939 was made at the General Chapter of our Society, held in the fall of 1938, and communicated to his Excellency, Bishop Bernard Sullivan, S.J., of Patna. In reply, his Excellency wrote:

"Sincere thanks for your resolution to come to Patna in '39 to begin your work here in our diocese. You will be more than welcome, and there is, as you well know, limitless work ahead of you. . . . Eight of our Indian Sisters have gone to Holy Family Hospital in Rawalpindi. They are happy there, and will come out fully trained and able to do grand work in Bihar."

—Courtesy of *Jesuit Missions.*

His Excellency, the Most Rev. Bernard J. Sullivan, S.J., Bishop of Patna

We are all looking forward to this new field of labor, and ask our readers to plead with St. Ignatius and all his canonized sons that they may pave the way for fruitful medical mission work in the territory of the American Jesuits in Patna.

In and Around Patna

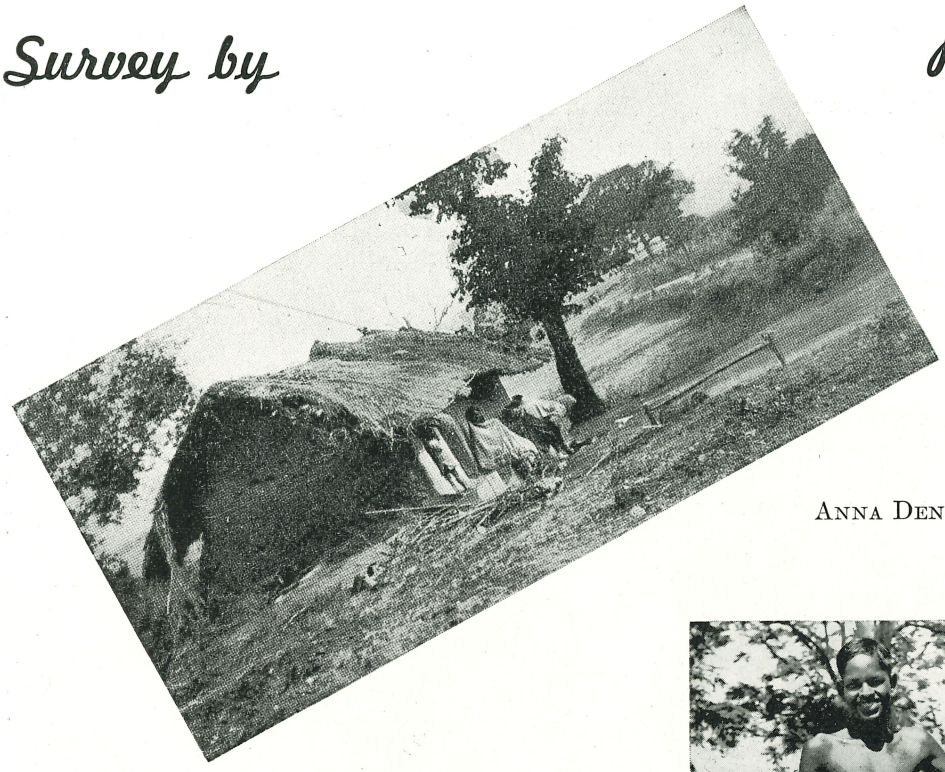
Patna is in the province of Bihar and Orissa, which, on the north side extends as far as Nepal and the Darjeeling district, and in the south, to the Bay of Bengal and Madras. Although the area of the Province is 83,000 square miles, it has only three cities besides Patna; namely Gaya of Buddhist fame, Bhagalpur and Jamshedpur.

The majority of the people live in villages except for the Mohammedans, who live mostly in the cities. Hindus form an overwhelming part of the population, and animists make up about 6 percent.

The northern section of the Province is called the "Garden of India" on account of its fertility. Rice, wheat and oil seed are the main crops. Formerly indigo yielded a good income to the natives, but since its synthetic production, it is scarcely worth growing. Opium, too, has fallen on evil days. Its place has been taken by the more harmless tobacco, which is grown extensively to feed a cigarette factory in Monghyr, said to be the largest factory of its kind in the world. The Province is also rich in metals.

Patna has 159,000 inhabitants of which there are supposed to be 305 male and 86 female literates per 1,000. The Jesuit Fathers went to Patna as early as 1620. In January, 1707, a mission station was opened by six Italian Capuchins on their way to Tibet, whence they were sent by the Sacred Congregation of Propaganda. The Jesuits returned in 1715 and remained until 1721, when the district was incorporated into the Capuchin Mission of Agra and carried on uninterruptedly through many vicissitudes until the present diocese of Patna was erected in 1921 and confided to the American Jesuits.—ANNA DENGEL.

Survey by Retrospect



By

ANNA DENGEL, S.C.M.M., M.D.

It was in 1933 that I visited the Patna diocese, which has been entrusted to the Jesuits of the Chicago Province. For three days I was the guest of the nuns of the Institute of the Blessed Virgin Mary in Patna. During this time His Excellency, Bishop Bernard Sullivan, S.J., invited me on a trip to Santal land.

Certain places and certain incidents are still quite vivid in my mind. I remember that we arose shortly after 4 a. m. in order to be on time for Holy Mass at 4:45. His Excellency himself was to be my guide, and it was he who took me to the station by taxi and saw me comfortably settled in a "compartment for ladies."

It was noon when we arrived in Bhagalpur, where we were met by the Rev. Father O'Leary, S.J., and driven to the house of the Sisters who conducted a school here. Our entrance into the compound was hailed with a lusty, *"Yesu Marang!"* (God be praised) from a group of small girls, each of whom amplified her greeting by touching her little folded hands to her forehead. When they recognized the Bishop, their eyes twinkled and their little feet danced. I could tell from their round faces and flattened noses that they were Santals. There were about eighty of them, all boarders. When they were told that I was a Sister, they repeated their picturesque little greeting to me.

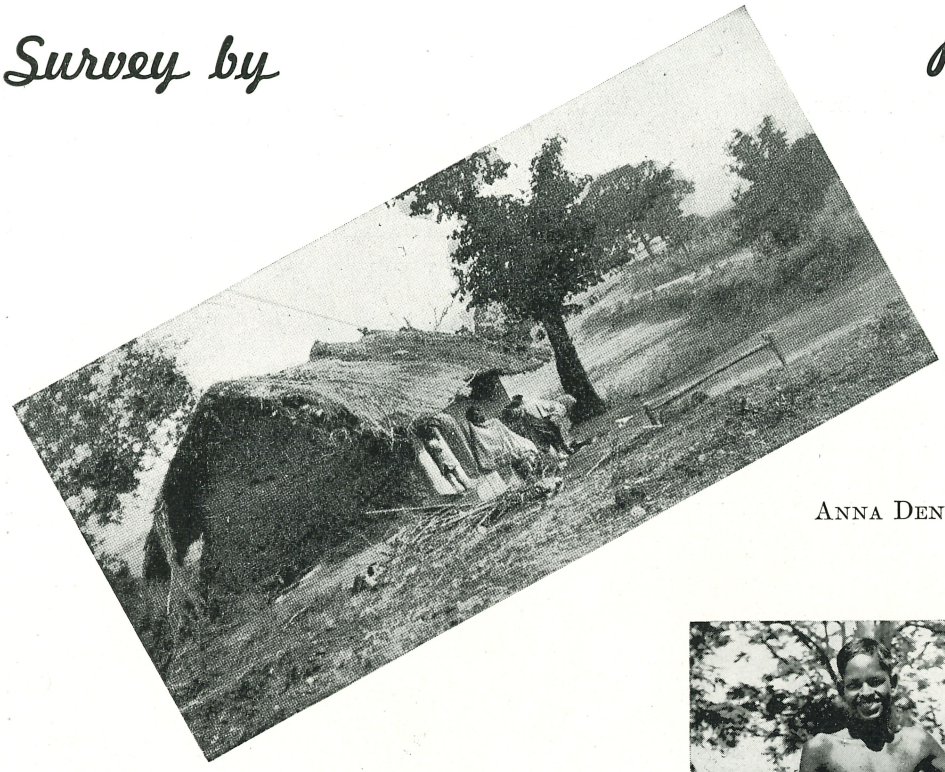
We were to continue our journey to Santal land in the Bishop's car—in those days it was a screened truck! It was a beautiful November day, neither too hot nor too cold.

—Courtesy of *Jesuit Missions*

One of the Untouchables
(Above) Local color in Santal Land

We were not far out of Bhagalpur when we developed a puncture! For me it was a welcome interruption. While the driver repaired the damage, I watched the monkeys playing in the rice fields. They were big yellowish fellows, with very long tails. After a while we were off again, passing women carrying babies on their hips, men bearing long poles of bamboo, or fruit, or chickens or baskets with various contents, and, when we neared villages, we saw groups of little boys and girls at work and play.

Survey by Retrospect



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The villages consisted of a number of mud huts, each having one door, a thatched roof and —what is characteristic of Santal huts—a *pinda* or ledge all around the house, which served both as a seat and a shelf for utensils. It was explained to me that married sons each had a hut adjoining the one occupied by his parents.

In the center of the various huts of a family was a space which served for purposes many and diverse. It was the playground of the young folk, always so numerous; the "sun porch" for the women of the household, where they could get fresh air and sunshine; the drying room for their rice and spices; the utility room for cleaning implements and pots and pans, and the trampling ground where the buffalo might tread out the rice. The dwellings on the whole were small, having space enough only for sleeping and a certain amount of storage. Occasionally there was subjoined to the house a kitchen hut and a covered shed for the domestic animals.

Young Patna —Courtesy *Jesuit Missions*

We passed one village where a *tamasha* (feast) was being celebrated. A great crowd was absorbed in watching two men, dressed in gaudy sparkling clothes, dance to the beating of drums and to the tune of some weird instrument which we could not see. The Santals are demon worshippers and very superstitious. Two ordinances comprise their commandments: it is wrong to steal and wrong to kill.

For a long distance we drove past hills with piles of stones heaped on top of one another in a peculiar manner. The Bishop called it "the garden of the gods." Here and there among the irregular mounds we made out silent brown men with cloth-swathed heads, herding their flocks and deftly wielding their crooks to guide an errant goat or cow. The Santals are predominantly shepherds.

I remember it was already dark when we arrived at our destination, and we received no welcome at all! In fact, for a while it seemed doubtful whether we would even have hospitality. The priest was on a tour and all our knockings at the door of the "rectory" brought no response. His Excellency, however, did a little reconnoitering and found the catechist, who produced the key of admission.

Josephine, the little Santal girl who had accompanied us from Bhagalpur, spent the night with me in a hut near the church. His Excellency, after a lengthy absence, had mysteriously produced two *charpoys* (string beds). The child had no difficulty in slipping into dreamland, but my slumbers were somewhat disturbed by some strange little creatures — probably cats or monkeys— which jumped in and out of the window (glass is an unknown commodity in the land of the Santals) at more or less regular intervals.

In the morning we adjourned to the chapel for Mass. There was not much to see from the outside except an elongated structure consisting of mud walls and roof. Of the interior, I only recall the rows and rows of vividly colored pictures of saints all along the walls, and a statue of St. Francis Xavier and one of St. Madeleine Sophie facing each other in the middle. There were no benches—the Santals arranged themselves on the floor with the women on one side and the men on the other.

Our return to Patna was uneventful, save for the fact that we were stopped several times by groups along the way who recognized their Bishop. Their greetings ended in an unchanging refrain: "Give us schools and help for the sick!"

"Do you hear that?" asked His Excellency. And, of course, I did.

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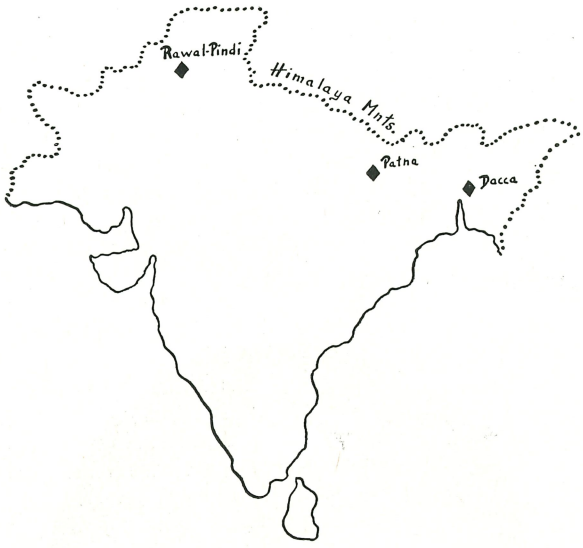
From Patna— to Pindi



All was hustle and bustle at the Indian railway station—that is, hustle and bustle for mid-afternoon in sizzling India! A coolie awakened from a sound sleep, stood up, stretched and yawned. A Hindu man leisurely finished his bath under the tap plainly marked in English, Hindu and Urdu: "Positively No Bathing"! A pair of starving dogs fought over a parched bone. A tea vender with a tray of dirty cups and a cracked teapot strolled along the platform, chanting: "*Garm chae, garm chae* (hot tea)," while two water venders performed a discordant duet, one calling, "Hindu *pani* water). Hindu *pani!*" the other, "Musselman *pani*, Musselman *pani!*" The hard-boiled-egg *wallah* (vender) was informing an uninterested world that his aged eggs were newly laid and cost two pice apiece (about one cent). The jack-knife *wallah*, the brass-vase *wallah*, the Kashmiri-carvings *wallah*, the sour-milk *wallah*, the sweet-milk *wallah*, the sweetmeat *wallah*, the curry-and-rice *wallah*, the banana *wallah*, all accompanied by a patronizing army of flies, were patiently awaiting the (un)suspecting passengers of the incoming train.

Suddenly a raucous, loud-voiced bell, that only an Indian railway station would tolerate, clanged the message of the approach of the "Frontier Mail." At the same moment a tonga rattled up to the station and two Medical Mission Sisters hastened onto the platform. Ah! they had made it—only two yards ahead of the train, but made it just the same! Eight little white-clad heads simultaneously appeared at the window of a compartment ornamented by a painted figure of an Indian woman, which plainly informed an illiterate world that the carriage was a zenana one, that is, for women only. Eight dark-skinned, smiling faces greeted the Mission Sisters.

They were native nuns from the diocese of Bishop Bernard Sullivan, S.J., in Patna, who came to be trained as general and obstetrical nurses in the Holy Family Hospital. After their graduation, they will return to Bihar and Orissa to help the work of the Medical Mission Sisters, who are about to open a new mission in Patna, the field of the American Jesuits.

The little Sisters were anxious to start work at once, but after their journey of almost two days on a dusty Indian train, their first need was sleep! Once rested, however, they immediately set to work, and already are proving a great help in the hospital. They spell: E-i-g-h-t m-o-r-e n-u-r-s-e-s t-o h-e-l-p M-o-t-h-e-r I-n-d-i-a-'-s c-h-i-l-d-r-e-n!

Of course the goal will not be arrived at as quickly as that. The stalwart eight will have many difficulties to meet: new surroundings, new occupation, new people to work with—and new dialect to learn. The many languages in India present a real problem. For instance:

Sister Alma Julia (who reached Pindi last November) has been on duty with Sister Therese, one of the Bengali nuns. The latter is a tiny little thing, barely five feet tall, bright, cheerful, and ready to fill in any awkward gaps with the musical laughter that is so characteristic of the Bengalis.

Sister Alma Julia was checking up on the charts. "Sister Therese," she asked, "did you give that hypo?"

"I give," she replied with a smile.

Sister was in a quandary. Did the Sister mean, "I *will* give it?" or "I *did* give it?" She decided to try again: "Do you mean," she persisted, "that you *gave* it?"

Sister Therese did not understand, so she only laughed good-naturedly at her own shortcomings. Sister Alma Julia tried another line of approach. "*Dhiya* (given)?" she asked.

"*Han* (yes)!" came the reply.

And so the problem has been solved temporarily by each of them repeating questions and answers in both English and Urdu (with a little Bengali mixed in), until they are certain they understand each other.

One evening Sister Alma Julia was trying to explain to the little Bengali nun that in English one does not put the verb at the end of the sentence, but after the subject. The pupil considered this profoundly for a moment, then gave her verdict.

"I don't like," she announced. And if that did not solve the problem, at least it settled the conversation!

A Drug—and a Promise!

By

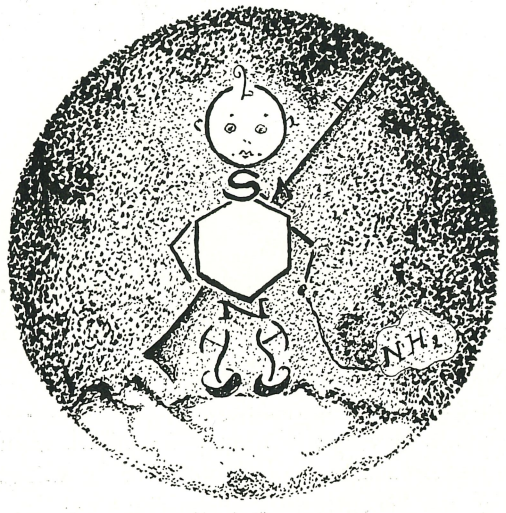
ELIZABETH M. WIJNEN, S.C.M.M., M.D.

Ever since, in the spring of 1937, newspapers reported that the sinusitis of President Roosevelt's son was being cured with sulfanilamide, this drug has become remarkably popular with the medical profession, and well known to the laity. It is no unusual occurrence for a new drug to sky-rocket to popularity and then just as rapidly to lose its fame when its limitations and dangers are investigated. But sulfanilamide and its related compounds have survived, despite some very real drawbacks and the tragic episode with "elixir sulfanilamide" (Massengill), when more than 70 persons in the south died from taking that proprietary concoction. However, it was the "elixir" and not the sulfanilamide which caused the deaths. The real value of sulfanilamide has apparently overcome the natural reluctance of the public for a drug which has been mixed up in such a tragedy.

The first publications on sulfanilamide came from Germany. Dr. Dormagh made the initial experiments with mice in 1935. Then Dr. Schreus used the drug in cases of erysipelas—the dreaded "St. Anthony's fire." Several related and refined compounds were developed and tried out, first on animals and then on patients. Of their large number, only a few have survived: sulfanilamide, prontosil, neoprontosil and M and B 693. The last name is a good indication of the number of compounds which were investigated and rejected by the British drug firm, May and Baker, in its search for a more efficient agent against a wider variety of bacteria.

Within the space of a few short months the spectacular effects of sulfanilamide upon certain infections has become almost commonplace in many hospitals. A patient is admitted with a severe sore throat and high fever, in acute misery and critically ill. Sulfanilamide is given by mouth—several pills every three or five hours—and in one or two days the temperature is normal, the throat remarkably improved and the patient feeling fine. Within a week or 10 days the patient is usually entirely well. All this has been achieved by means of a drug easily administered, relatively cheap, quick in its action and usually without any ill effects. When it is found that this remedy will work equally well in a number of different conditions, such as abcesses and infections due to a certain organism—the streptococcus—in almost any part of the body, and also in pneumonia, meningitis, scarlet fever, erysipelas and many other illnesses, it is no wonder that the medical profession and the public become enthusiastic over such an adjunct to the doctor's armamentarium.

The treatment of pneumonia with sulfanilamide is still in its infancy, but so promising that it may be mentioned in some detail. Its advantage over serum treatment is obvious. It is cheaper by about $100, easier to administer because it can be given by mouth instead of through a vein, and thus more available and of wider use-



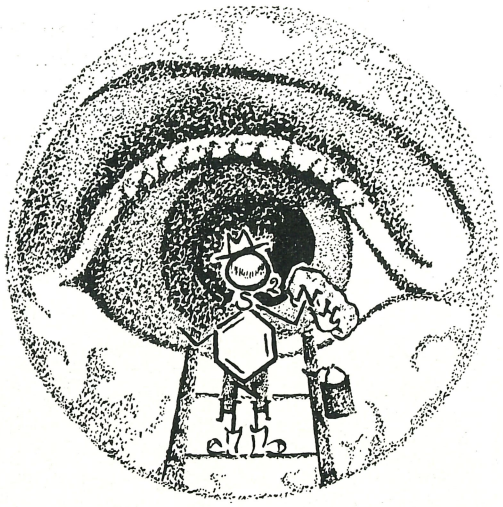
The treatment . . . is still in its infancy

fulness. If it can be proven that the treatment of pneumonia with M and B 693 is as effective as serum therapy, then not only America but also the tropics will have gained an invaluable remedy against a dangerous malady.

Of late statements have appeared in the medical journals which would seem to indicate that sulfanilamide might be a valuable remedy in a great many diseases. Dr. F. Loe has used this drug in the treatment of trachoma among the Sioux Indians. Trachoma is a severe infectious disease of the eye, the cause of a large percentage of the cases of blindness, and very common in the tropics. Doctor Loe treated 140 patients with very beneficial results. Within 24 hours there was usually cessation of the tearing and sensitiveness. Vision began to improve after 72 hours. After two months the eye looked normal, unless scarring was present. The drug was continued for 24 days to prevent a relapse.

A second important cause of blindness is *ophthalmia neonatorum,* the dreaded eye infec-

tion of new-born babies. In the Philadelphia General Hospital, a new routine has been established which has shortened the average stay in



The eye is flushed . . . every 15 minutes . . .

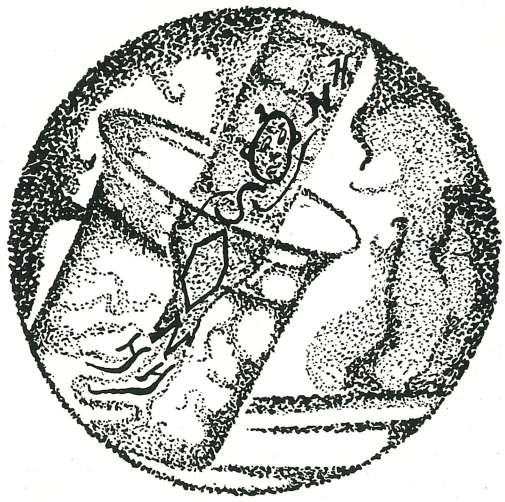
the hospital for these patients from three weeks to from three to seven days. The eye is flushed with a mild antiseptic every 15 minutes, and a drop or two of a watery solution of sulfanilamide instilled. At the same time the drug is given by mouth. This treatment is borne very well, even by sick babies. The effect is dramatic —the infection clears up in a few days and the weary weeks of treatment are shortened and simplified.

In this same hospital, sulfanilamide has proved itself highly useful in the treatment of *lymphogranuloma,* a disease found mainly among the colored people in this country, but quite common in the tropics. The swollen glands disappear like magic, and the dangerous aftereffects of the disease are prevented.

It is still too early to say much about the reports on malaria and various types of dysenteries treated with sulfanilamide, but the findings are certainly encouraging. Doctors at the Mayo Clinic in Rochester, Minn., have reported excellent results from the treatment of *ulcerative colitis* with sulfanilamide. Several patients with this chronic and debilitating condition have been cured by the administration of sulfanilamide, continued for several weeks or even months. These findings have been confirmed by other authors.

The same is true of another chronic illness, called "undulant fever." The cause of this disease is a bacillus entirely different from the streptococcus, against which sulfanilamide was first used. This makes it even more likely that continued investigation will produce many more conditions in which this compound will be of value.

Lest these statements would seem too good to be true, it must be pointed out that the drug is not without danger. Its toxic effects are being studied extensively, and scarcely a week goes by that some article does not present itself in the medical journals, discussing and reporting new findings in the use and dangers of this drug. Most of these toxic effects are relatively harmless, but others are by no means so easily dismissed. More and more it has become clear that sulfanilamide should be used only under strict supervision of a doctor, preferably in a hospital, where symptoms of poisoning can be detected and treated early. Gradually doctors are learning how to use this drug to the best advantage



Its toxic effects are being studied extensively . . .

of the patient and to avoid the dangers by prompt withdrawal whenever symptoms of undesirable or harmful reactions appear. But it cannot be doubted that when the balance of use and abuse has righted itself, there will be a large surplus left on the credit side of this drug.

High Spots On A Mission Cruise

By

ANNA DENGEL, S.C.M.M., M.D.

Peiping Continued

The second day of our stay in Peiping we visited the Catholic University, which is on the edge of the *Tartar City*. We traveled by rickshaw along seemingly never-ending walls; it was dreary and monotonous, and yet as we were to see later at the Medical Center and other places, behind these walls there were courtyards and houses of unsuspected loveliness.

The University buildings are very attractive in their Chinese architecture, only they are too small; the corridors do not permit the circulation of many people. Classrooms and laboratories seemed well equipped. The S.V.D. professor who kindly took us around told us that the Chinese students are especially ingeneous in the setting up of apparatus, even the most complicated and precise.

We lingered for a while at the sero-bacteriological laboratory, where a young Chinese doctor was painstakingly preparing anti-typhus serum. Just then he was injecting lice under the microscope with an infinitesimally small amount of macerated brain matter from a guinea pig, which had been inoculated with blood from a typhus victim. The lice are killed six days after inoculation, their digestive organs containing the causative organisms of typhus are removed and crushed, and the mass is put through a centrifuge to separate waste matter. The ultra-microscopic organisms remaining in the fluid are exposed to a temperature of about 170°F. to kill them. Finally the liquid containing the dead organisms finds its way into an ampule, ready for use.

Weigl's anti-typhus serum, so called after the Polish doctor who evolved the technique of preparing it, has saved many lives already. The improvement needed now is to find a way of making it cheaply. To immunize a person, three injections of varying strengths are given. The total cost of them is about five dollars, which is prohibitive for such mass treatment as would be required, say, in North China, where typhus is very common. In the past, many missionaries have succumbed to the disease.

I must not pass over in silence a vital part of the process—the feeding of the lice to keep them alive. They thrive only on human blood, which beggars seem only too glad to provide for a modest consideration! We saw several husky men sitting in a room adjoining the laboratory with little flat boxes full of lice strapped to their legs. We were told that the side next to the skin has extremely fine wire meshes through which the lice can bite but not escape. Half an hour is allowed for meal time! I must say the donors looked quite happy and contented.

From the sero-bacteriological laboratory we went to the other departments of the University

Vista through a moondoor at the Catholic University of Peiping

and finally to the chapel, which is in a separate building. It was in Chinese style, yet beautifully liturgical, which is not surprising considering that the University was started under the auspices of the Benedictines. It was Wednesday of Holy Week, and we were fortunate enough to be in time for Tenebrae—a truly Catholic close to our enjoyable visit at this center of Catholic education.

When one considers that the Catholic University was founded only in 1925, and that the original enrolment of 23 has grown to almost 1,000 at the present time, one can look forward

to a great future for this important institution, cherished by the late Holy Father who entrusted it in 1933 to the Fathers of the Society of the Divine Word. Consciousness of the necessity for educational facilities is growing in the country, and Peking, although no longer the capital, seems to want to keep her prestige in this field, at least to judge from the number of her schools. Beside the Catholic University, there are 6 other universities—not to mention a number of *quasi* ones, 78 middle schools with 21,000 students, and almost 300 primary schools with many more pupils. In addition there are 68 classes for the masses and a municipal hall of public education with a museum, rooms for chemistry, physics, public health, history, geography and amusements, a library with newspaper and reading rooms, a movie theater, a public market, and a people's school with reading classes. There are also books and circulation cards with pictures, provided to stimulate the reading interest of the masses. Truly a valiant effort—and it all has to be done with small sums of money! Yet considering that Peiping has a million and a half inhabitants, one may believe what an authority stated: "It is an undeniable fact that education in China is generally not well developed, and improvements and reforms are badly needed. The education of Peiping is no exception."

We also called on the Sisters Servants of the Holy Ghost nearby, who showed us their newly acquired houses, all Chinese dwellings of well-to-do families. They told us of their ambitious plan of establishing the first Catholic girls' college in China; since then it has been realized. It is of good omen for China, too, that of the 722 students of the Catholic University, 277 are women.

The following day was Holy Thursday. Doctor Knack, whom I had met at the Catholic Medical Center, kindly offered to take me to the Cathedral, where we stayed for the ceremonies and Holy Mass. The big, western-style edifice was literally packed with Chinese men and women. I think the priests, the doctor and I were the only white people! It was an impressive congregation, devout and orderly, though the coughing and spitting were disturbing to us fastidious westerners; probably the devotion of the Chinese was not in the least disturbed by it.

After Mass we drove to the Catholic Medical Center, which is housed in a rented complex of palaces. The grounds were very pretty and quaint, though ignorance of the symbolism lessened our appreciation. This was especially true in the case of some strange ornaments—a peculiar kind of stones which were piled up in an irregular fashion, evidently with a definite meaning. Not knowing what it signified, we were at a loss to see the beauty of it.

The aim of Dr. Knack and Dr. Lo, who were working together at the Center, was partly to attend to the patients who came for treatment, but especially to be a source of unity and strength for medical missions all over China. Dr. Lo, who had traveled extensively, said that the Chinese Government has a network of hospitals and medical relief stations all over the country, but that the meshes of the net were still very wide. The diseases he mentioned as prevalent in China, in addition to the common ones found elsewhere, were plague, typhus, leprosy (about 1,000,000 cases), yaws, smallpox (especially in rural districts), dysentery, cholera (100,000 cases a year), typhoid, worms of all kinds (very common), hookworm, schistisomiasis, elephantiasis, beri-beri and skin diseases. Malaria is common in the south. One of the greatest scourges of China is tuberculosis. Among the poor, a very high percentage is infected—a doctor who ought to know said 80 per cent, and a Chinese Maryknoll Sister whom I met in Hongkong said that nearly all the poor have it.

Dr. Knack also took us on a medical sightseeing trip. We saw a fine German hospital conducted by the Deaconesses. At St. Michael's Hospital we were welcomed in true Irish fashion by Sister Patricia from Cork. Almost a silver jubiliarian as a Sister of Charity, she had spent nearly the whole of her religious life in the hospital. It was under her maternal care that little To-Fouen Wang, the "Rose of China," was instructed and baptized in 1932, and died an unusually holy death in the hospital at the age of 14.

The cream of all the medical institutions of China, from a scientific viewpoint, is the Union Medical College of Peiping, maintained by the Rockefeller Foundation. The hospital and college are not only large but, what is more, they are staffed and equipped in every sense of the word as any similar good institution of the West would be—in some respects, even better. One example may suffice. The *Empress of India,* a Canadian world-cruise boat, landed in Peiping a day before us. She carried as one of the tourists Fred Snite, the young man from Chicago who developed infantile paralysis. Anywhere else in the Orient there would have been no hope for him, but Union Medical College had an "iron lung" which enabled the patient to "pull through." It is just one of the instances which show that when one country helps another, it often helps itself, too!

At the college we met Miss Florence Tzu, one of the 15 social service workers connected with the Union Medical Hospital, and once a student at the Catholic Social Service School in Washington, D. C. She kindly offered to give us a glimpse of Peiping's social welfare problems. Thanks to her profession, she was able to obtain permission from the Director of the Bureau of Social Affairs to take us to the Social Welfare Center. The superintendent, who

seemed very keen on the work and most sympathetic toward the poor, showed us the printing, carpentry and other workshops for the city's tramps and vagrants, the women's relief houses for poor or delinquent women and children, the reformatory for criminals and the beggars' relief house for the helpless and disabled. An average of 2,000 persons a day are benefited by these relief measures.

For reasons of economy, these departments were all concentrated. The housing and equipment were all of the simplest, but there was order and organization—a credit to the officials and also to the beneficiaries, who did the work. We visited the establishment in the morning. Already about 50 beggars collected during the night by the police (who, by the way, are very efficient in Peiping), had been brought in and were awaiting a thorough cleansing process. Strangers of yesterday, comrades of today, they were huddled together in a heap around the Chinese stoves. They understood each other.

In addition to municipal relief, there is also much philanthropy and charity in the city, in the form of dispensaries, soup kitchens, rice stations and clothes depots. There is an enormous Catholic orphanage, probably the largest in Asia, where the Sisters of Charity have about 800 children from the ages of 3 to 18. They feed, clothe and instruct their charges and even help them to get settled in life by arranging marriages, giving dowries to girls, and so on. Three hundred babies are boarded out to foster mothers until they are three years old. It has been found that this gives the infants a better chance of survival. Recently the 20,000th baby was admitted to the institution. St. Vincent must smile down from heaven on these waifs whom he would have picked up and tucked under his own mantle if he could have walked the streets of the North China capital!

There is a municipal hospital with several branches; also, some provision for mental, infectious and drug addict cases. The Bureau of Health, besides attending to these, has manifold other duties, such as registering and issuing certificates to medical associations, practitioners, cauterizers, masseurs, midwives, and bone-setters; also, forwarding applications for registration and certification to higher authorities for doctors, dentists, pharmacists and patent medicines, to mention only a few.

In conclusion, I must jump from something so prosaic as patent medicines to a poem of natural and architectural beauty—the realization of a dream and whim of a powerful empress. It is the Summer Palace, about 10 miles outside the city, to which we devoted the last hours of our stay in Peiping. It was a clear, dustless day —with emphasis on the "dustless," as Peiping frequently is visited by sandstorms. The buildings were similar to the palaces in Peiping and in fairly good condition; the present ones date back only to 1880. The Empress Dowager Tzu Hsi rebuilt them on the site where a previous summer palace was burnt down.

We ascended the slope from building to building and enjoyed the landscaping—above all, the view over the enchanting lake, which mirrored the glittering roofs, the marble arches and the swaying trees. At the little open air theater, with roof and back wall, we halted and pictured the Empress and her courtiers in the building opposite, from where they enjoyed the plays. We could imagine the scene, because we had seen a Chinese play (something totally different from our plays!). Here and there were beautiful bronze incense burners and dragons, peacocks and phoenixes. China's love for symbolism finds expression everywhere—a wealth of hidden history of religious beliefs. Taoism, with its cosmic mysticism, is said to have supplied the mythical dragon emanating a good influence, and the peacock, emblem of resurrection because it changes the plumage every year; while Hindu-tinged Buddhism furnished Chinese art with the lotus and the ubiquitous mystic knot from the sole of Gautama's foot.

The Summer Palace shows what the Chinese and money can do. It is supposed to have swallowed up fifty million dollars. Where did the money come from? Some say it was deviated from naval appropriations and that consequently its erection was a factor in the country's weakened defence during the Sino-Japanese war of 1894. Be that as it may, the Summer Palace gave the Chinese an opportunity to express their excellent craftsmanship and love of beauty.

Dr. Hattemer in silhouette at the Summer Palace

Although it was fatiguing to climb the many steps, yet the peace that reigned (we were the only visitors), the invigorating air and the exquisite views in every direction were a welcome relaxation after the past few days of meandering between walls. We also were glad of the next day's rest on the *Reliance* before beginning all over again—in the Land of Morning Calm!

at home MMS and abroad

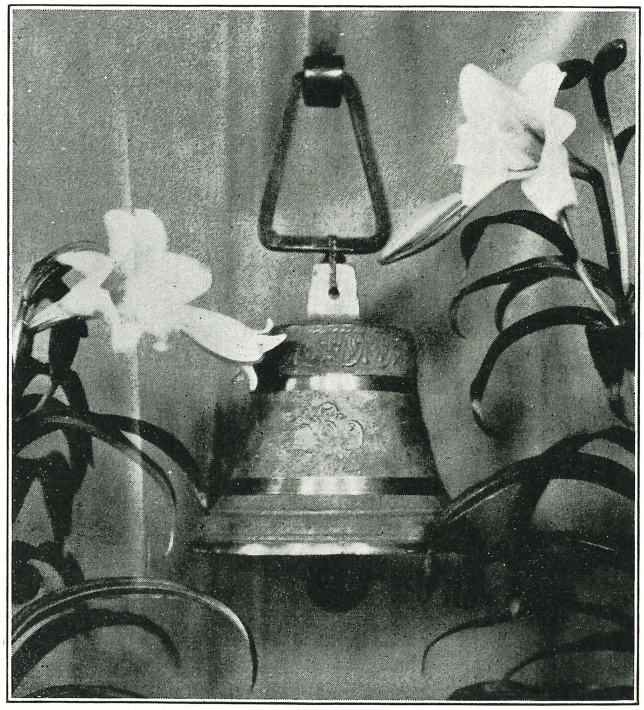
Washington

Address: Medical Mission House
Box 4405
Brookland, D. C.

Surrexit enim, sicut dixit!

Eight years ago last month the late Most Reverend Thomas J. Shahan, D.D., officiated at a ceremony in our Motherhouse. It was the blessing of our newly-acquired Angelus Bell, and we named it "Laetitia."

"Laetitia" is neither large nor shiny, nor does she possess a remarkable throaty tone—but she has done her work well: She has lived her name. Now on Easter morning she will ring out her message once more: "Joy! Joy! Joy!" If you listen very closely, we know you, too, will hear her, despite her smallness. And like a full choir coming in after the intonation of the antiphon, you can join in the exulting response: *"Surrexit enim, sicut dixit!"*



A Joyous Easter!

An Anniversary!

April 1st! And of course, all the Medical Mission Sisters "know what day this is!" But in case you have forgotten, we will share our secret: Today the Medical Missionaries are *one month old in Philadelphia!* It was just one month ago, on March 1, that Dr. Anna Dengel and Sister M. Anthony took possession of our new house in Fox Chase ("new" for us, that is). It was real pioneering: there were no lights, no water, no phone. Diligent searching revealed two old chairs, a little work produced a comfortable fire in the kitchen range, and with the sideboard under the kitchen cupboards for a table, the Medical Missionaries ate their first meal in the house. Later in the day a neighbor brought over a card table, and the next repast was served in state!

Since that time Sister Anthony has been joined by Sister John Mary, and the work of cleaning and planning has gone steadily on. A small, three-room cottage not far from the big house has been made habitable and more or less furnished. Gifts from friends and our new neighbors have included everything from chairs, beds, and the "loan" of garden tools to plates, sandwiches and a layer cake! We are "getting our ABC's"—but as we said last month, when you start with just absolutely *nothing* (except two old chairs and a neighbor's card table), it takes a long time and a lot of generous good will to get *everything.*

We did not know just what we would give our "pioneers" on the occasion of this anniversary—for, of course, we would do something to

The Pindi-ites wish you a Joyous Easter. Standing, left to right: Sisters M. Virginia, M. Jude, M. Camillus, Ignatius Marie, M. Pauline, M. Bernadette and M. Magdalene. Seated: Sisters M. Stephanie, M. Ann, and Margaret Mary, Dr. Lalinsky and Sister M. Vincent

mark the occasion. We knew what they needed—but we had to regulate our good will by what we had that we could give. And then it came to us: We would give our Philadelphia-ites a column all to themselves in the Home and Abroad Section of THE MEDICAL MISSIONARY! So next month there will be one more column, one more address. That is our present!

Showers—and Showers!

And now, if it does not seem too forward, may we not invite you to help in the celebration, too? Perhaps if you take inventory during your spring housecleaning and keep our alphabet in mind, you, too, will discover that what you have to give is just what they need. April brings the traditional showers. If it would bring a nice, steady A-B-C shower—"What a grand rain that would be!"

No Questions asked!

It happened one Sunday. Five of the Medical Mission Sisters were taking up a collection at the doors of one of the churches—getting "additions" for the Motherhouse fund. As one of them stood handing little leaflets to the out-going congregation and receiving donations, she noticed a lad about eight years old slowly passing to the end of the walk, and utterly absorbed in the picture of a Medical Missionary bandaging a little Indian boy's foot. He paused, looked back, studied the picture once more, took three or four steps forward, paused again, then turned resolutely around and strode up to the Sister. In his somewhat grubby fist he held a single copper.

"Gee, Sister, all I've got is a penny, but I guess you can have it." He dropped it into the basket, then ventured an explanation of how he happened to possess such wealth: "You see, it *happened to drop out* of my collection envelope!"

Dacca

Address: Mitford Municipal Hospital
Dacca, Bengal, India.

The Unveiling of William!

Sister Helen, writing from Daca, has given us an "exclusive story"—a "scoop," if you will, on a ceremony that even the representatives of "the world's greatest newspaper" missed! She calls it "The Unveiling of William!"

"The ceremony took place in the children's ward of the Mitford Hospital a few days ago. No—the honoree is not a statue or picture of a hospital benefactor or some famous celebrity. To the hospital children to whom he was presented, he is really far more than any of those. As you never could guess his identity, I shall tell you: He is a beautiful, new *rocking horse!* His coat is black and white, his flowing mane and tail are of

real hair, his bridle and saddle are set with imitation jewels and trimmed with brass ornaments, and he is mounted on a bright yellow stand—altogether a most attractive creature!

The hobby begets the horse!

"We do not know just how the animal got his name—perhaps it was because the husband of the kindhearted woman who was instrumental in obtaining him is named, 'William,' and it was he who selected this particular rocking horse during a recent visit to Calcutta.

" 'William' was a gift from the Dacca branch of the Bengal Province Council of Women. Their president, Mrs. M——, visited the hospital several months ago and regretted very much that the sick children had no toys to play with. Wouldn't they, she wanted to know, enjoy a rocking horse? She remembered that one of her pet hobbies when she was a child was riding one of these glorified rockers! Surely children had not changed so much?

"We replied that we were certain the children would love one, as they are very fond of toys. So the promise was made, to be fulfilled as soon as sufficient funds were available for the purchase.

"Line forms to the right!"

"On the day of the 'presentation,' about 20 of the members of the B. P. C. W. were here. The ward was bright with ferns and flowers, and the children, all dressed in their best hospital frocks, waited eagerly to see the 'nice surprise' that had been promised. The animal was carried in covered with a sheet. Then, presto! the unveiling was accomplished, and what a chorus of 'oh's!' and 'ah's' there was! Without delay all who were able to leave their beds took turns in having a ride!

"Two of the women had brought an additional box of new and used toys, which they distributed. There were teddy bears, dolls, motor cars, etc. Needless to say, the children were delighted with them.

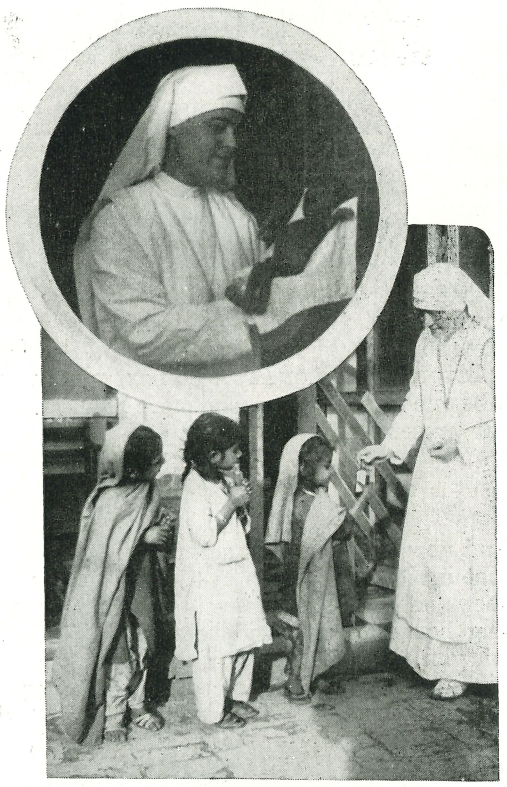
Cans and rags and bits o' things——

"The children of India seem to treasure toys more than the youngsters at home—no doubt, because they seldom have any. Usually their parents are too poor to provide them with proper food and clothing, much less such luxuries as playthings! However, little tots the world over must play, and it is amusing if not pathetic to see some of the improvised toys with which the Indian children are able to amuse themselves for hours. Stones and pebbles take the place of marbles, a few old tin cans tied together serve as motor cars, and in the case of girls, anything from a piece of wood to a hairpin, dressed up in a few rags, serves as a doll!

"Magnetic Hospital-ity!"

"Some time ago a little girl of four years was admitted to the ward with extensive burns. She was very ill, and for several days hovered between life and death. After she began to improve, she asked for a doll. Her mother made one for her from a few bits of a ragged sari border, and every day when her wounds were dressed—a very painful procedure—she clutched this forlorn 'baby' and never uttered a sound.

"The nurses, knowing her fondness for dolls, presented her with a small celluloid one. Later, when one of the doctors gave her a larger specimen, which we had dressed in a nurse's uniform, her delight knew no bounds. As long as she remained in the hospital, the nurse-doll remained sitting on her bedside table, where she could see it without turning her head.



Inset: Sister M. Camillus with Mary, one of the twins. Below: Sister Alma Julia fills prescriptions

"When the time finally came for her discharge from the hospital, she cried, but she has been back to visit us several times. One of these visits occurred a few days after the rocking horse had been received, and she was so taken with 'Fair William' that she asked her mother to allow her to come to the hospital to live!"

Rawalpindi

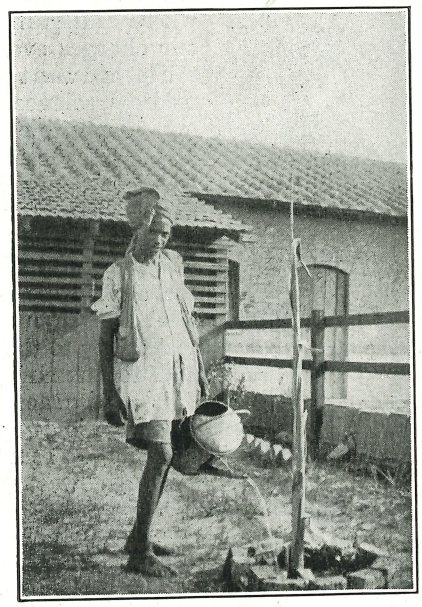
Address: Holy Family Hospital
Murree Road
Rawalpindi, India.

Orientation!

We have not been able to find any statistics on this matter, but we are sure that 95 per cent of casual conversation do not proceed very far without including this refrain: "How are you, and what are you doing?" Sister Bernadette answers for our Pindi house:

"Greetings from India! This is a lovely afternoon to write, and we are all enjoying it—but last week we were m-i-s-e-r-a-b-l-e! Sister Vincent went around the hospital giving us all typhoid vaccine and the result was sore arms, red noses, and sleepless nights! But now we are all in the 'right mood' once more.

"Sister Ignatius Marie is working in the dispensary with Sister Ann. Sister Pauline is in charge of the nursery—I am afraid she is spoiling all the little black babies. She is teaching little Krishna to speak—but no one knows in which language! Sister Camillus is her first assistant. Sister Alma Julia works in the dispensary and the laboratory, and she is our sacristan, too. Our European patients are being taken care of by



"Some flowers grow in spite of the mali," Sister Ignatius Marie tells us!

Sister Virginia—and all our 'hopeless cases' we give to Sister Jude!"

Collective biography

Successive letters from our Sisters have provided us with a complete biography enacted in less than ten days. It includes joy, humor and pathos.

Sister Vincent begins the story on January 18: "On Sunday Dr. Lalinsky delivered premature twins, a boy and a girl, each weighing 2½ pounds. She christened them at once—Joseph and Mary—and sent them up to the nursery to Sister Pauline. Sister set about making an incubator right away, but in spite of all her efforts, Joseph died on Monday morning. However, Mary is still with us. The incubator really works very well. It was a great lesson to the native sisters to see how quickly and easily it could be made, even in homes.

S. O. S.

"This morning one of the native sisters came running to Sister Pauline, who was tending to one of the babies on the verandah. 'Come quickly, Sister, come quickly!' Sister's heart sank. She was sure little Mary had died. It developed that a fly had gotten into the incubator!"

Climax

Sister Pauline continues the narrative: "Sister Vincent has told you about our little premature twin, I am sure. Today the parents took her home—her seventh day! We had improvised an incubator for it by attaching a hood on a basinet and heating it with a bulb. She was a lovely little baby, perfectly formed. We fed her with a dropper. A few days ago the father brought in a Mohammedan priest to whisper words of Allah into its ears. We tried to induce them to leave her in the hospital a few days, but to no avail. If it died, it was the will of Allah!"

Finale

On January 25, Sister M. Magdalene wrote the final chapter: "Last Sunday our little Mary left us. The parents insisted on taking her home. Two days afterwards she flew to heaven."

Late News Flash!

Or, as the Associated Press would probably put it: BULLETIN! Our special correspondent in Pindi barely made the press with the news that Sister M. Camillus has been tucked away in the isolation ward with a case of *measles!* The patient herself supplements this information with a personally penned note:

"Salaam! And I'm afraid I must admit I am having a grand time! Besides being in the *pink* of condition, I have one of the best rooms in the hospital and service *de luxe!* Oh measles, where is thy sting!"

Medical Mission Notes

India

The organization of the anti-leprosy work in the province (Bihar) on coordinated lines and intensive propaganda to awaken public consciousness to the dangers from the disease, were among the recommendations made at a conference of officials and non-officials which met here (Patna) with Mr. A. N. Sinha, the Finance Minister, in the chair. . . . Among other recommendations were the training of doctors and social workers for anti-leprosy work. It was also pointed out that the disease could be effectively controlled both by treatment and isolation in homes and colonies. . . .

Statistics reveal that there are over 13,000 lepers in the province, the districts most affected being Manbhum, the Santal Parganas and Gaya.

In 1931 there were six leper asylums in Bihar; two more have been added since and the demand for more asylums is increasingly felt.—THE CIVIL AND MILITARY GAZETTE, February 7, 1939.

— o —

His Excellency the Governor of the Punjab performed the opening ceremony of the Jubilee Maternity Hospital at Montgomery today. The President of the Red Cross Society, Mr. Buch, giving a short account of the activities of the Society, stated that the Society had trained 288 dais, the majority of whom were from the rural areas. It had established six health centers and ten sub-centers.—THE CIVIL AND MILITARY GAZETTE, February 7, 1939.

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The "Anti-Blindness Week" in the Punjab, from February 15 to 21, will be inaugurated with a special appeal by the Governor. . . .

During the "Week" posters, giving instructive information about eyes, will be distributed free, public lectures will be arranged and a few broadcast talks by eye specialists will be given from the Lahore Radio Station. Preliminary examination of eyes will be carried on with the help of teachers and other public-spirited persons. . . . After the week is over and definite data of the extent and nature of eye diseases are available, it is understood, concrete proposals will be made for tackling the problem.

In this connection it is pointed out that the last census in 1931 revealed that there were about 70,000 blind people in the Punjab. Besides, it is emphasized, the number of those suffering from bad eyes was much larger.—THE CIVIL AND MILITARY GAZETTE, February 7, 1939.

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Leading the blind—Miriam at her daily task

South China

Our interest (at the Gate of Heaven Asylum, Sunwui) is in lepers rather than in leprosy and our aim is only to relieve and heal the unfortunate—body and soul; but in fulfilling that duty we must make proper record of our experience and findings for those interested, keeping in touch with experts elsewhere and gaining for our charges every possible advantage of medical science. It is not enough to maintain a Catholic death-house where a leper is fed, has his ulcers cleaned, and is offered a bed where he may die with the sacraments. . . . Such an asylum fails in its duty to the lepers and to humanity and it is a disgrace to the Church, if its lack of better things is due to disdain of medical and sanitary facts.—From "Specialist in Leprosy," by Joseph A. Sweeney, AVE MARIA, January 21, 1939.

* * *

China

For the number of its students, the merits of its professors and the excellence of its medical installations, the Faculty of Medicine of Aurora University is unquestionably among the very first in China.

The Faculty includes three pre-medical departments, five preclinical departments and two hospitals for clinical training. . . . Courses of moral philosophy and deontology are delivered by professors whose works on medical ethics are authoritative.—DIGEST OF THE SYNODAL COMMISSION, December, 1938.

In Our Library

BROTHER ANDRE, C.S.C., THE APOSTLE OF ST. JOSEPH, *by Henri-Paul Bergeron, C.S.C. Translated from the French by Réal Boudreau, C.S.C. Benziger Bros. New York,* 1938. *Illustrated.* 292 *pp.* $2.00.

This short sketch of the life of the "miracle man" of Mt. Royal is assured a cordial welcome from the thousands who knew Brother André and who were led closer to God by him through the intercession of St. Joseph. Both the author and the translator of the volume knew Frère André well, lived with him, were, indeed, brothers of his in the Congregation of Holy Cross, and so the story of his life is told with a clear insight and deep understanding of this humble man who reflects so much glory on his religious family.

The very name, "Frère André," brings to our minds the picture of the simple lay brother, zealous for St. Joseph's honor. But the pages of the book reveal a further depth of Brother André's devotion that is but little known outside the immediate circle of his own community—his deep devotion to the Passion of Christ and to the Holy Eucharist, whither he was guided by the Foster Father of Christ.

"In taking Thomas at his word and showing him the holes, Christ not only delicately rebuked the apostles, but also taught the principle that once we are sure God has spoken to us, our duty is to believe." —RUSSELL, *Christ, the Leader.*

Daily, crowds of sick and suffering as well as those bowed down by troubles of every kind, went to Brother André for help, and God, through His servant, often gave them miraculous cures which Frère André always attributed to the intercession of St. Joseph. Night and day this humble lay brother labored and took care of the sick and troubled, with never a thought of self, and when he had finished his active works of charity for the day, he returned to the chapel where he spent most of the remainder of the night in prayer.

Frère André rests in the great Basilica of St. Joseph which he was instrumental in erecting, and there he still carries on his work of leading souls to God through St. Joseph's intercession. In his own words, "The good one does on earth is nothing in comparison with what he will be able to do in heaven," and Frère André, who did so much good while he was on earth, continues his mission in heaven, for miracles are still being performed at Mt. Royal.

The illustrations throughout the book are particularly well done, and the publishers are to be congratulated on the attractiveness of the volume.

THE EUCHARIST AND LIFE, *by Gregory G. Rybrook, O.Praem. Translated from the Dutch by Martin Jenneskens. St. Anthony Guild Press. Paterson, N. J.,* 1938. 157 *pp.* $1.50.

A short exposition of the manner in which the supernatural life must proceed entirely from the Blessed Sacrament, and how it must be nourished, sustained and strengthened by the Holy Eucharist as a Sacrifice and as a Sacrament. The author shows the part played in our spiritual life by the operation of the Holy Spirit, and by Mary, the Mediatrix of all grace.

The chapter on the liturgy of the Mass will be particularly helpful to many in teaching them a simple method of uniting themselves as co-offerers and co-victims of the Sacrifice with Christ, the High Priest and Victim.

The text is arranged in such a manner that the book may conveniently be used for meditation.

THE WAY OF THE CROSS. *Adapted from an Old Latin Compilation of Liturgical and Biblical Texts. Third revised edition. The Liturgical Press. Collegeville, Minn.,* 1939. 20 *pp. Paper cover, five cents.*

The brief meditations and prayers in this "Way of the Cross" are the Church's own thoughts and emotions in contemplating the sufferings and death of her Savior. To share in these is certainly the best method of arousing in our hearts the proper dispositions of sorrow and repentance, and also of confidence in our spiritual triumph with Christ. The text is arranged for congregational praying and singing.

A GUIDE TO THE ENCYCLICALS OF THE ROMAN PONTIFFS FROM LEO XIII TO THE PRESENT DAY (1878-1937), *by Sister Claudia Carlen,* I.H.M. *H. W. Wilson Company. New York,* 1939. 247 *pp.* $2.00.

We often search hither and yon seeking to find a particular encyclical and sometimes spend many precious moments in the search. This Guide to the Encyclicals is published with the intention of making our search for any encyclical easy by leading us directly to the place where it is to be found. The various encyclicals are listed under the Latin title, followed by the date of signature and with a descriptive title in English. The original superscription is given, followed by the subject matter in Latin. The texts follow, the original Latin being given first and then translations in various languages. Summaries and commentaries follow the text.

The book embraces a list of general collections containing encyclicals and collections of the encyclicals of each of the four Popes; a chronological index; a Latin title index and a subject index.

The Mission Intention

That National Aspirations in India May Not Oppose Christianity.

In the years past so few of our American missionaries have been assigned to fields of labor in India that India as a foreign mission country is not so frequently mentioned. It is a fact, however, that in India which is, roughly, about one-third the size of the United States there are gathered 350,000,000 of inhabitants. St. Thomas the Apostle worked along the west coast of India in apostolic times and centuries later St. Francis Xavier, the great patron of all missionary work and the special patron of India, labored along the Eastern coast of India from Goa southward. In spite of the work of these two saintly men, in spite of the labors of the saintly missionaries who worked with them and after them, the progress of the Catholic Church in India has been slow. A number of reasons may be adduced as explanation but one of the more forceful causes retarding development is undoubtedly the caste system of Hinduism.

The religion which claims the allegiance of practically 250,000,000 of the inhabitants of India is Hinduism. This is a system of Pantheistic religious and philosophical thought having as its most distinctive feature the relegation of all men into castes. There are four general castes with about 2,400 subdivisions. Each of these castes constitutes a prison-like rigidity from which there is no escape. In the caste in which a man is born he must live, work, marry, and die.

Below the caste people, but still within the pale of Hinduism, is that unfortunate group which has no caste—the Untouchables—despised by all caste Hindus and devoid of hope for the alleviation of their lot.

While the customs of caste and the treatment of the outcaste has changed a little in the centuries it will not be denied that in the last 50 years a tremendous growth of Nationalism has engrossed the people of India. Indians educated abroad have brought back to their native land new ideas of democracy, national unity and national autonomy.

In Mohandas Karamchand Gandhi, the Nationalist spirit found its leader without a second. With his threat of a fast until death he has met successfully opposition to his program for the people of India. Gandhi is a man who believes firmly in the caste system but does agree that the state of Untouchability is a degradation. On one occasion he stated: "I would rather that Hinduism died than that Untouchability lived." Under no consideration would he allow the withdrawal of the Untouchables from the clutches of Hinduism. In this may be grasped his antagonistic spirit toward Christianity. He has not changed his position from that voiced early in 1931 when he gave as his opinion that India's religions were sufficient for her people and India needed no converting spiritually.

There can be no doubt but that the spirit of Nationalism carried to an extreme would be a dangerous obstacle to the Church in India. While Nationalist India through the voice of its congress has given assurance to all minorities about the exercise of their religion, the protection of their culture and the safeguarding of their personal law it is alarming to consider the number of native leaders who are lecturing and writing about stopping all proselytizing, about excluding all foreign missionaries or about closing colleges which would follow Catholic traditions of order and discipline. We know that the people of India, for the most part not educated, will take as final the opinions and decisions of their leaders. If the leaders are bigoted and intolerant there can be no question but that hard days are ahead for the Church in India. On the other hand, if the leaders are understanding and tolerant at least there will be no new difficulties added in the work of extending the lines of Christ. It will be seen, then, that there is full reason for devoting a month of prayer to the intention "That national aspirations in India may not oppose Christianity."

—The Rev. Francis P. Goodall, C.S.C.,
Holy Cross Foreign Mission Seminary.

R. I. P.

Please pray for the repose of the souls of:

The Most Reverend Alban Goodier, S.J., South Devon, England.

Right Rev. Msgr. John J. McGivney, Bridgeport, Conn.

Rev. William P. Reidy, South Manchester, Conn.

Mother M. Patricia Spillane, Cork, Ireland.

Mother Constance Burd, London, England.

Mrs. Bohnert, Washington, D. C.

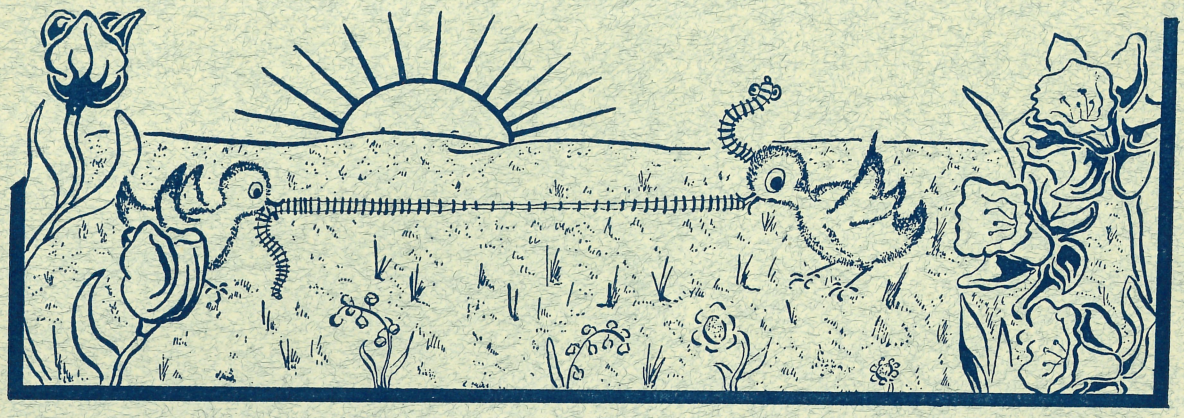
Jane Noyes, New York, N. Y.

G. B. Jordan, Cleveland, Ohio.

M. H. Hannon, Hartford, Conn.

Eternal rest give unto them, O Lord:
And let perpetual light shine upon them.
May they rest in peace. Amen.

IT'S NO JOKE . . . MAKING THINGS STRETCH!



To move a tree or ten-ton truck
Would take a pachyderm!
But just a gentle April shower
Could save this little worm!

For if a drop of rain would fall
On each chick's nose—like that!
He'd scamper to a drier place
And leave the poor worm flat!

Wouldn't you like to contribute a drop to our A-B-C shower? We still need all of these:

Altar, Angelus bell, an ax—and an Auxiliary as active as our Washington one!

Beds, blankets, bedspreads, bureaus, brooms, benches, books, bookcases, basins, brushes —nail, floor, carpet and paint—blackboards.

Crucifixes, a censer, candles, candlesticks, chairs, cabinets, clotheslines, clothespins, coffeepots, a COW.

Dishes, dish pans, dish towels, doormats, desks, a dictionary, dust pans, dust mops, doilies.

Electric fixtures, irons and bulbs; egg beater.

Frigidaire, furniture, files, floor polish and polisher, frying pans, forks.

Garden tools, garden hose, glassware.

Hens, hall stands, hangers, hinges, hammers.

Incense, ironing boards.

Jars (for canning).

Kettles, knives.

Linoleum, lawn mower, ladders.

Mass Missal, mattresses, mops, a mangle, meat grinder—and of course, MONEY!

Napkins, nails (all sizes).

Office equipment, oil cloth.

Pots and pans, pillows and pillow cases, pictures and frames, paint, pins, pliers, pyrex plates.

Quilts.

Rakes, rope.

Stations, surplices, sheets, soap, safe, spoons, spades, scouring powder, sieves, starch, saws, screw-drivers and a spray for fruit trees.

Tabernacle, thurible, tables, tablecloths, typewriters, tea pots and tea kettles, trays, tool kit, trowels, thumb tacks, towels—hand and dish.

Umbrellas.

Vases, vacuum cleaner, varnish.

WASHING MACHINE, washtubs, washboards, wringers, wheelbarrow, window shades, waste baskets, washcloths.

Xtra odds and ends!

Yarn, yardstick.

Zeros—to add to the balance of the fund left for the Motherhouse!

MEDICAL MISSION SISTERS
Pine Road, Fox Chase
Philadelphia, Pa.

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

WASHINGTON, D. C.

The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and the Novitiate are located in Brookland, Washington, D. C.

At present the Society labors in India where the Sisters conduct hospitals, dispensaries, maternity and child-welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world as soon as its numbers permit.

For further information apply to

SISTER SUPERIOR
MEDICAL MISSION HOUSE, BOX 4405, BROOKLAND STATION,
WASHINGTON, D. C.